

California Tuberculosis Association.—The annual meeting of the California Tuberculosis Association will be held at Hotel Coronado, Coronado, Friday and Saturday, March 10-11, 1933.

All physicians are cordially invited to attend the sessions and to take part in the discussions. The program follows:

Friday, March 10

9:30 to 12 noon

Joint session: Clinical and Sociological Sections

1. Does the Preventorium Prevent Tuberculosis—E. H. Christopherson, M. D., San Diego.
Discussion by Charles L. Ianne, M. D., San Jose; Thomas C. O'Connor, M. D., Murphy.
2. Racial Tuberculosis—Epidemiological Problems—John Force, M. D., Berkeley.
Discussion by John Sippy, M. D., Stockton; Mildred Thoren, M. D., Weimar; Everett Morris, M. D., Auberry.

12 to 2 p. m.

GROUP LUNCHEON MEETINGS

2 to 5 p. m.

CLINICAL SECTION

1. Bronchoscopy in Tuberculosis—Leland Hunnicutt, M. D., Pasadena.
Discussion by Leo Eloesser, M. D., San Francisco.
2. Mexican Tuberculosis Problem—P. K. Telford, M. D., Los Angeles.
Discussion by W. H. Bucher, M. D., Los Angeles; R. L. Cunningham, M. D., Los Angeles.
3. Criteria of Diagnosis in United States Veterans—Edwin S. Bennett, M. D., Los Angeles.
Discussion by Harold Trimble, M. D., Oakland.
4. Adolescent Tuberculosis—R. H. Sundberg, M. D., San Diego.
Discussion by Chesley Bush, M. D., Livermore.

2 to 5 p. m.

SOCIOLOGICAL SECTION

Health Education—

1. New Approaches to Health Education in the Schools—James Houloose, M. D., Long Beach.
2. Adult Education—Walter Brown, M. D., Stanford University.
3. Assistance to Be Rendered Official Agency by Voluntary Agency in Health Education—J. D. Dunshee, M. D., Pasadena.
4. Informing the Public—Mr. Paul Edwards, Editor-in-Chief, San Diego Sun.

7 p. m.

ANNUAL BANQUET

Report of President—William C. Voorsanger, M. D.
Address—William H. Park, M. D., New York.
Dancing.

Saturday, March 11

9:30 a. m. to 12 noon

CLINICAL SECTION

1. Relation of Endocrine System in the Development of Treatment of Tuberculosis—Hans Lissner, M. D., San Francisco.
Discussion by F. M. Pottenger, M. D., Monrovia.
2. Progress in Tuberculosis Research—Emil Bogen, M. D., Olive View.
Discussion: Filtrable Forms of Tubercle Bacilli—Ernest Walker, M. D., San Francisco.
3. The Evaluation of Laboratory Tests in Determining Activity in Tuberculosis—Philip Pierson, M. D., San Francisco.
Discussion by Harold A. Thompson, M. D., San Diego; J. E. Pottenger, M. D., Monrovia.
4. Nonpulmonary Tuberculosis—Leroy H. Briggs, M. D., San Francisco.
Discussion by Mumford Smith, M. D., Los Angeles.

9:30 a. m. to 12 noon

SOCIOLOGICAL SECTION

Early Diagnosis—

1. Early Diagnosis Campaign—Ethel Owen, M. D., San Francisco.
2. Program in a Rural Community—R. C. Main, M. D., Santa Barbara.
3. Program in a Metropolitan Community—A. Hieronymus, M. D., Oakland.
4. Coördination of Family Case Work and Tuberculosis Case Finding—Miss Mary Stanton, Los Angeles.

12:15 to 1:45 p. m.

ANNUAL BUSINESS MEETING

2 to 5 p. m.

X-RAY EXHIBIT AND SYMPOSIUM

Lyell C. Kinney, M. D., San Diego, Chairman

You are requested to bring any interesting films for discussion. If you wish to present a discussion, please notify the chairman in advance of the meeting.

8 p. m.

EVENING SESSION

1. B. C. G. Immunization—William H. Park, M. D., New York Board of Health; Camille Kereszturi, M. D., New York.

CORRESPONDENCE

Subject of Following Letter: Fresno Smallpox Epidemic of Year 1925

To the Editor.—In the November issue of *CALIFORNIA AND WESTERN MEDICINE*, under the title of "The Lure of Medical History," appears a short review of the Fresno smallpox epidemic of 1925.

I was the State Board of Health representative detailed to Fresno during this epidemic, and feel that Doctor Robinson has not given sufficient prominence to this very serious outbreak. Undoubtedly the figures were not available to Doctor Robinson at the time of writing the article. I find that the figures given are far from accurate, and am taking this opportunity to quote from my report to the State Board of Health regarding this epidemic in order that the historical facts may not be forgotten.

The first appearance of smallpox in the region around Fresno was in the town of Clovis, about ten miles north of Fresno. The health officer of Clovis, Dr. M. S. Montgomery, described the outbreak as having occurred in the latter part of August, 1924, among itinerant fruit pickers, and that it was decidedly more virulent than any he had ever seen before. There were twenty-one cases in all, many of which were sent to the County Hospital at Fresno. Doctor Montgomery promptly instituted a vaccination campaign, during which fully seven hundred were inoculated. This was about 50 per cent of the population. No further cases developed, and as no records were kept further study of this Clovis outbreak was not possible.

The first cases appeared in Fresno shortly after the Clovis outbreak, and the first death in Fresno occurred September 30, 1924. In view of the mildness of the disease that had been prevalent throughout the state for several years, no apprehension on the part of city health authorities was aroused until three deaths in sharp succession in a Mexican family occurred early in October. Then assistance was asked from the State Board of Health. The epidemic continued until November. There were altogether 170 cases and twenty-five deaths from smallpox, and over 102,000 were inoculated.

The fatality rate of 14.7 per cent indicated a very severe type of the disease. In many of the smallpox epidemics experienced in Europe during the two or three centuries preceding Jenner's discovery, a death rate of 10 per cent was occasionally reached. The rare and serious symptoms described by the older writers were frequently seen during the Fresno epidemic. Toxic smallpox, hemorrhagic smallpox, scarlatinaform eruption and variolar abortions all occurred. No prodromal rashes were observed. All sorts of inoculation wounds were seen. An old and pre-antiseptic opinion seemed to have arisen again, namely, that the greater the local reaction the more effective the result. Apparently it was not realized that the area of pitted surface ultimately secured bore no relation whatever to the degree of local reaction. "The more severe the local reaction the better the take" was heard so frequently that people very often hesitated to be inoculated, rightly fearing a severe local reaction as much as they feared the smallpox itself. The method advocated by the State Board of Health about ten years previously was used in all official inoculations by the health departments. Three areas of about one-tenth

<i>Inoculations of Smallpox Vaccine—Fresno Epidemic, 1924-1925</i>					
Location of Clinic	In Charge of	Clinic		Inoculated	Totals
		Opened	Closed		
City of Fresno	City H. O. Dr. C. Mathewson	September 29, 1924	November 28, 1924	20,812	
Private offices	Physicians of Fresno	September-October	November, 1924	19,849	
Fresno County	County H. O. Dr. G. C. Long	October 20	December 31	22,230	
Private offices	Physicians of County	October-November	December	4,671	
Total inoculated within Fresno County.....					67,562
Tulare County	Dr. G. J. Telfer	October and November		14,034	
Kings County	Dr. G. J. Telfer	October and November		8,208	
Madera County	Dr. G. J. Telfer	October and November		5,088	
Merced County	Dr. G. J. Telfer	October and November		5,000	
*Sacramento County	Dr. W. W. Cress	November		2,730	
Total in other counties					35,060
Total inoculations					102,622
* One case of virulent smallpox in Sacramento was traced to Fresno and inoculations followed.					

of an inch in diameter were denuded, extending down into the Malpighian layer of the derma, and very seldom resulted in any bleeding. Fresh vaccine was applied to these denuded areas and the wounds immediately covered with two or three layers of aseptic gauze, held in place by adhesive plaster. The reaction was observed on the eighth day and fresh gauze applied. No serious results were observed when this method was followed. Many persons who were successfully inoculated by this method were hard to convince that they had been successfully immunized. "But my arm never hurt me" was heard innumerable times.

The relation of immunization to protection against smallpox bore out the evidence that history has repeatedly demonstrated since the days of Jenner.

	Recoveries	Deaths
History unknown	1	5
Never successfully immunized	129	16
Successfully immunized under five years	1
Successfully immunized five to ten years	5
Successfully immunized over ten years.....	9	4
Totals	145	25

Many cases were seen where a typical vaccinia developed at the same time that an unmodified smallpox rash grew, indicating that the unfortunate victim had been inoculated just two or three days too late after having been infected with smallpox. So far as observed, these late inoculations did not seem to have any influence upon the severity of the attack. All who had passed through the maximum stage of their vaccine inoculation before being exposed, or before the incubation period of smallpox had passed after having been exposed, were protected against the disease and did not get it. This amply demonstrated the statement that "an immune person cannot develop smallpox." Immunity was occasionally found to have been shortened in certain individuals to a few years, probably dependent on some peculiar systemic conditions possessed by these particular persons; however, I never found immunity to have been shortened to less than three years.

Yours very truly,

ALLEN F. GILLIHAN, M. D.,
County Health Officer.

Subject of Following Letter: Cinch Shortening Operation for Strabismus

To the Editor:—It has recently come to my attention that a story is being circulated to the effect that I have been guilty of a violation of medical ethics in trying to keep secret my cinch shortening operation

for the correction of strabismus and other troubles of the ocular muscles.

I hope you will publish this statement, as I know of no other way to get the facts to all who may have heard the story.

The operation was devised by me in 1911 and reported, after my first operation, in the *Journal of the American Medical Association* for March 2, 1912. I was then in the Army Medical Corps, which afforded but little opportunity to see much muscle work. As stated in the paper, the report was made at once in hopes of interesting some who saw a great deal of that kind of work.

My second paper was in the *Archives of Ophthalmology* for 1914, and later in the same year, at the request of Dr. Casey Wood, I took part in a symposium on the ocular muscles published in the *Ophthalmic Record*. Also, at his request, I furnished a condensed description for the Encyclopedia of Ophthalmology. In 1915 a short paper, with demonstration, was given at the meeting of the Pacific Coast Oto-Ophthalmological Society. The next paper was at the 1916 state medical meeting at Fresno.

The operation was brought up to date by reporting forty-two operations at the 1916 meeting of the American Medical Association at Detroit. While on that trip I operated in Chicago for Dr. Casey Wood, and at the Illinois Eye and Ear for Doctor Orcutt.

Since that year I have read many papers, and at all meetings have been busy demonstrating the principle of the method to anyone interested.

I resigned from the Army in 1914 and started practice in Oakland in 1915. During that year several ophthalmologists brought patients to me and assisted at the operations.

Operations were done at the Knapp Eye Hospital and the Wills Eye Hospital in 1914. In 1930, operations were done for Doctor Orcutt in Chicago during the Academy meeting. In 1931, eight squints were operated at Salt Lake City for the Utah State Medical Society. In November, 1931, a number of operations were done for the Southern Medical Association meeting in New Orleans.

In 1924 Dr. Joseph L. McCool, then of Portland, made a week's visit and assisted at eight or ten operations I had saved up for that purpose, and last December Dr. Donald O'Rourke of Denver made a similar visit for the same purpose.

In view of all these provable facts, I think it is quite apparent that the story of my withholding information concerning the technique of the operation is without foundation in fact.

RODERIC O'CONNOR.

450 Sutter Street, San Francisco.